

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |   |  |                               |
|---|---|--|-------------------------------|
| The C/OH Instruction Guide explains how to complete this form.                        |   | 1 Filer ID (Ethics Commission Filers)  | 2 Total pages filed: <b>9</b> |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>  | MS / MRS / MR<br><b>MRS</b>   | FIRST<br><b>KIMBERLI</b>   | MI<br><b>D</b>                |
|   | NICKNAME<br><b>KIM</b>  | LAST<br><b>KOSTECK</b>   | SUFFIX                        |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><small>Change of Address</small> | ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  |  |                               |
|   | <b>5103 ASHWOOD DR<br/>BAYTOWN, TX<br/>77521</b>  |  |                               |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>   | AREA CODE<br><b>(865 )</b>  | PHONE NUMBER<br><b>237-0616</b>  | EXTENSION                     |
|   | Date Received<br><b>OCT 31 2023 PM 4:24</b>   |  |                               |
| <b>6 CAMPAIGN TREASURER NAME</b>  | MS / MRS / MR<br><b>MRS</b>   | FIRST<br><b>CYNTHIA</b>  | MI<br><b>L</b>                |
|   | NICKNAME<br><b>CINDI</b>  | LAST<br><b>FOSTER</b>  | SUFFIX                        |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br><small>(Residence or Business)</small>         | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE   |  |                               |
|   | <b>410 RIVER OAKS<br/>BAYTOWN, TX<br/>77521</b>   |  |                               |
| <b>8 CAMPAIGN TREASURER PHONE</b>   | AREA CODE<br><b>(713 )</b>  | PHONE NUMBER<br><b>824-5184</b>  | EXTENSION                     |
|   | Date, Hand-delivered or Date Postmarked<br><b>OCT 31 2023 PM 4:24</b>   |  |                               |
| <b>9 REPORT TYPE</b>  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)  |  |                               |
|   | <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)  |  |                               |
| <b>10 PERIOD COVERED</b>  | Month Day Year    THROUGH    Month Day Year<br><b>10 / 11 / 23    THROUGH    10 / 30 / 23</b>   |  |                               |
| <b>11 ELECTION</b>  | ELECTION DATE   |  | ELECTION TYPE                 |
|   | Month Day Year<br><b>11 / 7 / 23</b>  | <input checked="" type="checkbox"/> General <input type="checkbox"/> Primary<br><input type="checkbox"/> Special <input type="checkbox"/> Runoff<br><input type="checkbox"/> Other Description |                               |
| <b>12 OFFICE</b>  | OFFICE HELD (if any)  | <b>13 OFFICE SOUGHT (if known)</b><br><b>CITY COUNCIL DISTRICT 4</b>   |                               |
| <b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><small>Additional Pages</small>   | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |  |                               |
|   | COMMITTEE TYPE  | COMMITTEE NAME   |                               |
|   | <input checked="" type="checkbox"/> GENERAL   | <b>CAMPAIGN FOR KIM KOSTECK</b>  |                               |
|   |   | COMMITTEE ADDRESS  |                               |
|   |   | <b>5103 ASHWOOD DR BAYTOWN, TX 77521</b>   |                               |
|   | COMMITTEE CAMPAIGN TREASURER NAME   |  |                               |
|   | <b>CYNTHIA L FOSTER</b>   |  |                               |
|   | COMMITTEE CAMPAIGN TREASURER ADDRESS  |  |                               |
|   | <b>410 RIVER OAKS BAYTOWN, TX 77521</b>   |  |                               |
| <b>GO TO PAGE 2</b>   |   |  |                               |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

16 C/OH NAME  
CAMPAIGN FOR KIM KOSTECK

16 Filer ID (Ethics Commission Filers)

|                         |   |             |
|-------------------------|---|-------------|
| 17 CONTRIBUTION TOTALS  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 1,342.71 |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 1,342.71 |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE   | \$          |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 1,158.83 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 183.88   |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$          |

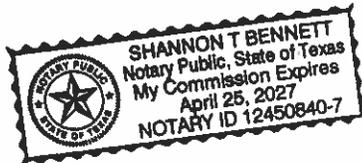
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Kim Kosteck*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Kim Kosteck this the 31<sup>st</sup> day of October, 2022, to certify which, witness my hand and seal of office.

*Shannon T. Bennett* Signature of officer administering oath  
 Shannon T. Bennett Printed name of officer administering oath  
 Clerk Records Supervisor Title of officer administering oath

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_  
 (street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

|  |  |   |
|--|--|---|
| <b>19 FILER NAME</b><br><b>CYNTHIA L FOSTER</b>  |  | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS</b><br><b>NAME OF SCHEDULE</b>                                |  | <b>SUBTOTAL AMOUNT</b>                        |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                       |  | \$ 1,342.71                                   |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                         |  | \$  |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS   |  | \$  |
| 4. SCHEDULE E: LOANS   |  | \$  |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS               |  | \$  |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  |  | \$  |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS              |  | \$  |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                       |  | \$ 1,158.83                                   |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                         |  | \$  |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        |  | \$  |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           |  | \$  |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER |  | \$  |

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

If the requested information is not applicable, **DO NOT** include this page in the report.

|   |   |  |
|---|---|--|
| The Instruction Guide explains how to complete this form. |   | 1 Total pages Schedule A1: <b>2</b>            |
| 2 FILER NAME<br><b>CYNTHIA L FOSTER</b>                   |   | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br><b>10/19/2023</b>                               | 5 Full name of contributor<br><b>Robert Kelley</b><br><small>out-of-state PAC (ID# _____)</small>                 | 7 Amount of contribution (\$)<br><b>500.00</b> |
| 6 Contributor address:<br><b>Donation</b>                 |   | City; State; Zip Code<br><b>BAYTOWN</b>        |
| 8 Principal occupation / Job title (See Instructions)     |   | 9 Employer (See Instructions)                  |
| Date<br><b>10/20/2023</b>                                 | Full name of contributor<br><b>CASH DONATIONS (2-\$30, 1-\$40)</b><br><small>out-of-state PAC (ID# _____)</small> | Amount of contribution (\$)<br><b>100.00</b>   |
| Contributor address:                                      |   | City; State; Zip Code<br><b>BAYTOWN</b>        |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                    |
| Date<br><b>10/24/2023</b>                                 | Full name of contributor<br><b>KATHRYN BROWN</b><br><small>out-of-state PAC (ID# _____)</small>                   | Amount of contribution (\$)<br><b>50.00</b>    |
| Contributor address:                                      |   | City; State; Zip Code<br><b>BAYTOWN</b>        |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                    |
| Date<br><b>10/24/2023</b>                                 | Full name of contributor<br><b>JEFF WALTER</b><br><small>out-of-state PAC (ID# _____)</small>                     | Amount of contribution (\$)<br><b>601.00</b>   |
| Contributor address:                                      |   | City; State; Zip Code<br><b>BAYTOWN</b>        |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                    |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

|  |   |   |
|--|---|---|
| The Instruction Guide explains how to complete this form.                        |   | 1 Total pages Schedule A1:                        |
| 2 FILER NAME<br><b>CYNTHIA L FOSTER</b>  |   | 3 Filer ID (Ethics Commission Filers)             |
| 4 Date<br><b>10/30/2023</b>  | 5 Full name of contributor<br><b>CASH</b><br><small>out-of-state PAC (ID# _____)</small>  | 7 Amount of contribution (\$)<br><br><b>50.00</b> |
| 6 Contributor address:<br><b>BAYTOWN</b><br><small>City: State: Zip Code</small> |   |   |
| 8 Principal occupation / Job title (See Instructions)                            |   | 9 Employer (See Instructions)                     |
| Date   | Full name of contributor<br><small>out-of-state PAC (ID# _____)</small><br><br>Contributor address:<br><small>City: State: Zip Code</small> | Amount of contribution (\$)                       |
| Principal occupation / Job title (See Instructions)                              |   | Employer (See Instructions)                       |
| Date   | Full name of contributor<br><small>out-of-state PAC (ID# _____)</small><br><br>Contributor address:<br><small>City: State: Zip Code</small> | Amount of contribution (\$)                       |
| Principal occupation / Job title (See Instructions)                              |   | Employer (See Instructions)                       |
| Date   | Full name of contributor<br><small>out-of-state PAC (ID# _____)</small><br><br>Contributor address:<br><small>City: State: Zip Code</small> | Amount of contribution (\$)                       |
| Principal occupation / Job title (See Instructions)                              |   | Employer (See Instructions)                       |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |   |  |  |                                       |  |
|---|---|--|--|---------------------------------------|--|
| 1 Total pages Schedule F1:<br>6                       |   | 2 FILER NAME<br>CYNTHIA L FOSTER                     |  | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br>10/19/2023                                  |   | 5 Payee name<br>24 HOUR WRISTBANDS                   |  |                                       |  |
| 6 Amount (\$)<br>318.58                               |   | 7 Payee address:<br>HOUSTON<br>City: State: Zip Code |  |                                       |  |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                    | (a) Category (See Categories listed at the top of this schedule)<br>SIGNS |  | (b) Description<br>SIGNS                         |                                       |  |
|   | (c) Check if travel outside of Texas. Complete Schedule T.                |  | Check if Austin, TX, officeholder living expense |                                       |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |   | Candidate / Officeholder name<br>KIM KOSTECK         |  | Office sought<br>CITY COUNCIL         |  |
| Date<br>10/19/2023                                    |   | Payee name<br>HOME DEPOT                             |  |                                       |  |
| Amount (\$)<br>41.71                                  |   | Payee address:<br>BAYTOWN<br>City: State: Zip Code   |  |                                       |  |
| <b>PURPOSE OF EXPENDITURE</b>                         | Category (See Categories listed at the top of this schedule)<br>RETURN    |  | Description<br>OFFICE SUPPLIES( REFUND)          |                                       |  |
|   | Check if travel outside of Texas. Complete Schedule T.                    |  | Check if Austin, TX, officeholder living expense |                                       |  |
| Complete ONLY if direct expenditure to benefit C/OH   |   | Candidate / Officeholder name<br>KIM KOSTECK         |  | Office sought<br>CITY COUNCIL         |  |
| Date<br>10/12/2023                                    |   | Payee name<br>WALGREENS                              |  |                                       |  |
| Amount (\$)<br>77.51                                  |   | Payee address:<br>BAYTOWN<br>City: State: Zip Code   |  |                                       |  |
| <b>PURPOSE OF EXPENDITURE</b>                         | Category (See Categories listed at the top of this schedule)<br>SUPPLIES  |  | Description<br>OFFICE SUPPLIES                   |                                       |  |
|   | Check if travel outside of Texas. Complete Schedule T.                    |  | Check if Austin, TX, officeholder living expense |                                       |  |
| Complete ONLY if direct expenditure to benefit C/OH   |   | Candidate / Officeholder name<br>KIM KOSTECK         |  | Office sought<br>CITY COUNCIL         |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|                                 |                                  |                                       |
|---------------------------------|----------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>9 | 2 FILER NAME<br>CYNTHIA L FOSTER | 3 Filer ID (Ethics Commission Filers) |
|---------------------------------|----------------------------------|---------------------------------------|

|                      |                                   |
|----------------------|-----------------------------------|
| 4 Date<br>10/24/2023 | 5 Payee name<br>24 HOUR WRISTBAND |
|----------------------|-----------------------------------|

|                         |                             |       |        |          |
|-------------------------|-----------------------------|-------|--------|----------|
| 6 Amount (\$)<br>271.75 | 7 Payee address,<br>HOUSTON | City: | State: | Zip Code |
|-------------------------|-----------------------------|-------|--------|----------|

|                             |   |                                    |
|-----------------------------|---|------------------------------------|
| 8<br>PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>PRINTING  | (b) Description<br>OFFICE SUPPLIES |
|                             | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                                    |

|   |  |                               |             |
|---|--|-------------------------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name<br>KIM KOSTECK | Office sought<br>CITY COUNCIL | Office held |
|---|--|-------------------------------|-------------|

|                    |                         |
|--------------------|-------------------------|
| Date<br>10/30/2023 | Payee name<br>WALGREENS |
|--------------------|-------------------------|

|                       |                           |       |        |          |
|-----------------------|---------------------------|-------|--------|----------|
| Amount (\$)<br>231.98 | Payee address,<br>BAYTOWM | City: | State: | Zip Code |
|-----------------------|---------------------------|-------|--------|----------|

|                        |   |                                |
|------------------------|---|--------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>POSTCARDS   | Description<br>OFFICE SUPPLIES |
|                        | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                                |

|   |  |                               |             |
|---|--|-------------------------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name<br>KIM KOSTECK | Office sought<br>CITY COUNCIL | Office held |
|---|--|-------------------------------|-------------|

|                    |                         |
|--------------------|-------------------------|
| Date<br>10/28/2023 | Payee name<br>WALGREENS |
|--------------------|-------------------------|

|                      |                           |       |        |          |
|----------------------|---------------------------|-------|--------|----------|
| Amount (\$)<br>77.51 | Payee address,<br>BAYTOWN | City: | State: | Zip Code |
|----------------------|---------------------------|-------|--------|----------|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)  | Description |
|                        | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |             |

|   |  |                               |             |
|---|--|-------------------------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name<br>KIM KOSTECK | Office sought<br>CITY COUNCIL | Office held |
|---|--|-------------------------------|-------------|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |   |  |                                       |  |
|---|--|---|--|---------------------------------------|--|
| 1 Total pages Schedule F1:<br>9                       |  | 2 FILER NAME<br>CYNTHIA L FOSTER                  |  | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br>10/29/2023                                  |  | 5 Payee name<br>SUNOCO                            |  |                                       |  |
| 6 Amount (\$)<br>11.50                                |  | 7 Payee address; City; State; Zip Code<br>BAYTOWN |  |                                       |  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>MISC |   | (b) Description<br>OFFICE SUPPLIES               |                                       |  |
|   | (c) Check if travel outside of Texas. Complete Schedule T.               |   | Check if Austin, TX, officeholder living expense |                                       |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name<br>KIM KOSTECK      |  | Office sought<br>CITY COUNCIL         |  |
| Date<br>10/27/2023                                    |  | Payee name<br>RYAN PUISHES                        |  |                                       |  |
| Amount (\$)<br>170.00                                 |  | Payee address; City; State; Zip Code<br>BAYTOWN   |  |                                       |  |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br>DESIGNER |   | Description<br>VISUAL DESIGNER                   |                                       |  |
|   | Check if travel outside of Texas. Complete Schedule T.                   |   | Check if Austin, TX, officeholder living expense |                                       |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name<br>KIM KOSTECK      |  | Office sought<br>CITY COUNCIL         |  |
| Date  |  | Payee name  |  |                                       |  |
| Amount (\$)   |  | Payee address; City; State; Zip Code              |  |                                       |  |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)             |   | Description                                      |                                       |  |
|   | Check if travel outside of Texas. Complete Schedule T.                   |   | Check if Austin, TX, officeholder living expense |                                       |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name<br>KIM KOSTECK      |  | Office sought<br>CITY COUNCIL         |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

**KIMBERLI KOSTECK**

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are not an officeholder. --

**A. CAMPAIGN FUNDS**

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

*Cynthia L Foster*  
\_\_\_\_\_  
Signature of Officeholder

## Angela.Jackson

---

**From:** Angela.Jackson  
**Sent:** Tuesday, October 31, 2023 5:22 PM  
**To:** Kim Kosteck  
**Cc:** City Clerk  
**Subject:** RE: 10/30/2023 report

Kim,

Received corrected Page 2 in person and noted below for Page 9.

Have a Good Day!



**Angela Jackson**

City Clerk | City of Baytown  
2401 Market Street, Baytown, Texas 77520  
Office: 281-420-6697 | Cell: 281-838-2179

**"Together We Enrich Lives and Build Community."**

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**From:** Kim Kosteck <kimkosteck@icloud.com>  
**Sent:** Tuesday, October 31, 2023 4:16 PM  
**To:** Angela.Jackson <Angela.Jackson@baytown.org>  
**Subject:** Re: 10/30/2023 report

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≡♡≡  
*Kim Kosteck*  
xoxo



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Thank you

c

Cindi Foster

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